



USA WRESTLING

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT



PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name _____ Date of Birth _____ Grade _____

Parent/Guardian Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Email _____ T-Shirt Size (circle one) S M L XL XXL

Home Phone _____ Work Phone _____

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____ If yes, please list medication (s): _____

Drug Sensitivities _____ Other _____

Allergies _____ Date of your child's

last complete physical examination by a medical doctor _____

If this is more than one year ago, please complete the accompanying medical history questionnaire.

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____ Wrestler's

USA Wrestling Card No. _____

Name of Club _____

Coach's Name _____ Phone No. _____

High School _____



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Wrestler's Name _____ USA Card No. _____

Emergency Contact _____ Phone No. _____

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s)

Yes No 2. Are you now on any prescribed medication on a permanent or semi -permanent basis? If so, please indicate the name of the medication and why it was prescribed

Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy? _____

Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.

Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia? Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly

____ Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones. Heart disease (rheumatic fever) Liver disease (hepatitis) Kidney disease (infections) Lung disease (pneumonia) Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if

any, do you take regularly _____ Yes No 9.

Do you presently have an unrepaired hernia? Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give

the dates of each _____

Yes No 11. If the answer to No. 10 is "yes", did the attending physician have you stay overnight in a hospital? If yes, give the dates of each _____ Yes No 12. Have

you ever had an injury to your neck involving nerves, vertebrae (bones), or Discs that incapacitated you for a week or longer? If yes, give the dates of each such injury.

Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance

Permanent bridge Permanent crown or jacket Braces Full



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PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU.

Yes No 14. Do you wear contact lenses during competition?

Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and broken and the date if happened. _____

Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years That incapacitated you for a week or longer? If so, give the date of the injury.

Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.

Yes No 18. Have you ever had an injury to your back?

Yes No 19. Do you experience Pain in your back? If yes, indicate frequency:

Seldom Occasionally Frequently

With vigorous exercise With heavy lifting Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result? Yes No 21. Have you ever been told that you injured the ligaments and/or cartilage of either knee? Yes No 22. Have you ever been advised to have surgery to correct a knee problem? Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date _____ Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years? Yes No 25. Have you had any injury to your foot or toes in the past 2 years? If yes, explain: Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:

The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature _____ Date _____

Parent/Guardian Signature _____

USA WRESTLING Waiver and Release from Liability





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PLEASE PRINT IN CAPITAL LETTERS

I, _____ the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

1 Releasor understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2 Releasor acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releasor's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time. I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Participant Signature)

(Date)

(Print Name)

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

(Signature of parent or legal guardian)

(Date)

(Print Name)

(Relationship to minor)